

Name in Full

Certificate of Death

*Stephen Ailes*  
 Died at *Octon* <sup>Town</sup> *Becil* <sup>County</sup> *8th Dist* <sup>MARYLAND</sup>

Date 19*02* <sup>Month</sup> *Dec* <sup>Day</sup> *10* | Age *68* | <sup>Y.</sup> *68* <sup>M.</sup> *68* <sup>D.</sup> *68* | <sup>Native of</sup> *Maryland* | <sup>Occupation</sup>  
 Male *White* Married *Widow* ~~Unmarried~~  
~~Female~~ ~~Colored~~ ~~Singl~~ ~~Widow~~ Number of children living *three*

Husband of *Christiana Ailes*  
 Wife  
 Father's  
 Mother's

Name Maiden Name

Cause of Death { Primary *Apoplexy* | How long sick *10 days*  
 Immediate *let* | ~~Accident, Suicide, Homicide~~

Reported by *J. F. Peoples, M.D.*  
 Address *Kirk's Mills, Pa.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

F. Augusta Bell

## CERTIFICATE OF DEATH

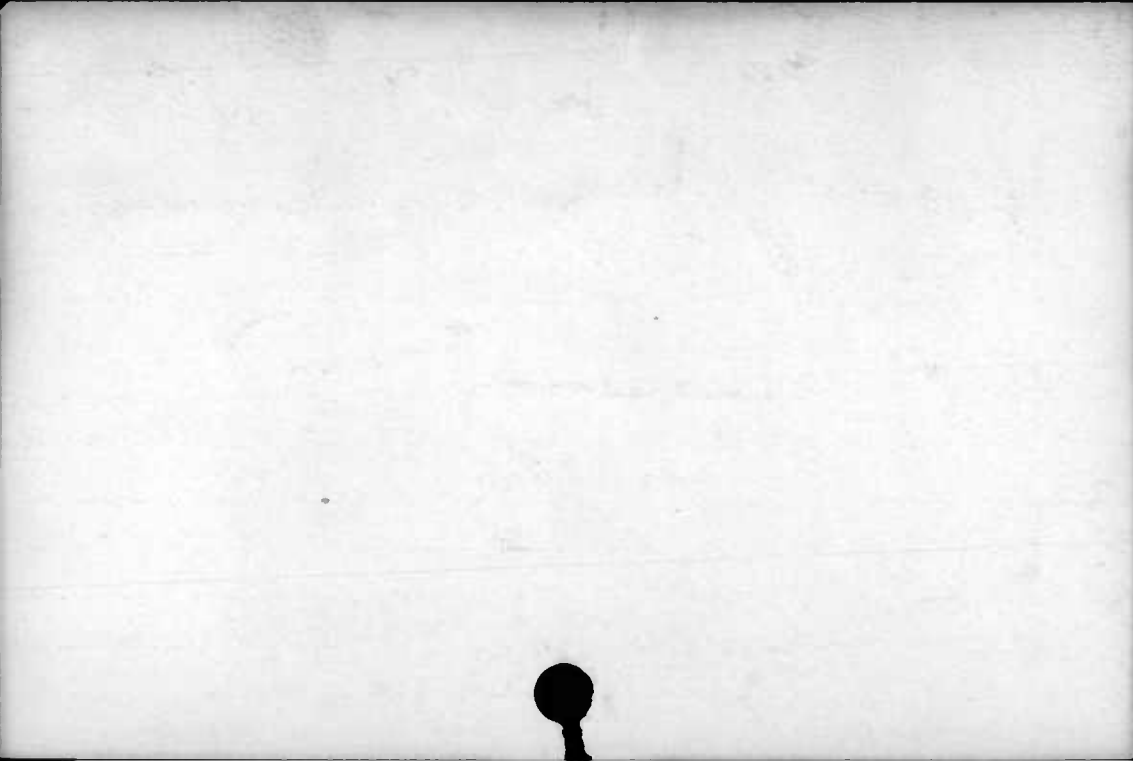
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elston</i> <sup>Town</sup>		County <i>Beecil</i>		MARYLAND	
Date of death 190	<i>2</i> <sup>Month</sup> <i>Dec</i>	<i>11</i> <sup>Day</sup>	Age <i>61</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Fredesick</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation		
Name of <del>deceased</del> <i>William Bell</i>					
Father's Name <i>William Roberts</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Sophie E Rigney</i>			Mother's Birthplace		
Name of person giving information <i>Mrs Virginia Perkins</i>			How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Heart failure</i> <sup>179</sup>	How long	
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Wm J. Cawley M.D.</i>	
		Address <i>Elston Md.</i>	
Accident or Suicide?			



Name in Full

Ellen Benson

Town or P. O.

Died at <sup>near</sup> Chesapeake

Month

Day

On Dec 17

Y. M. D.

Age 86 - - 11

Native of

Maryland

Occupation

None

~~Male~~ White Married Widow ~~Deceased~~ 1902

Husband

Female ~~Colored~~ Single ~~Widower~~ No. of children living 3

Wife

of

Benjamin Benson

Father's Name

Mother's Name

Cause of Death { Primary  
Immediate

Acute Indigestion

How long sick

20 min

Reported by

Alphon Money

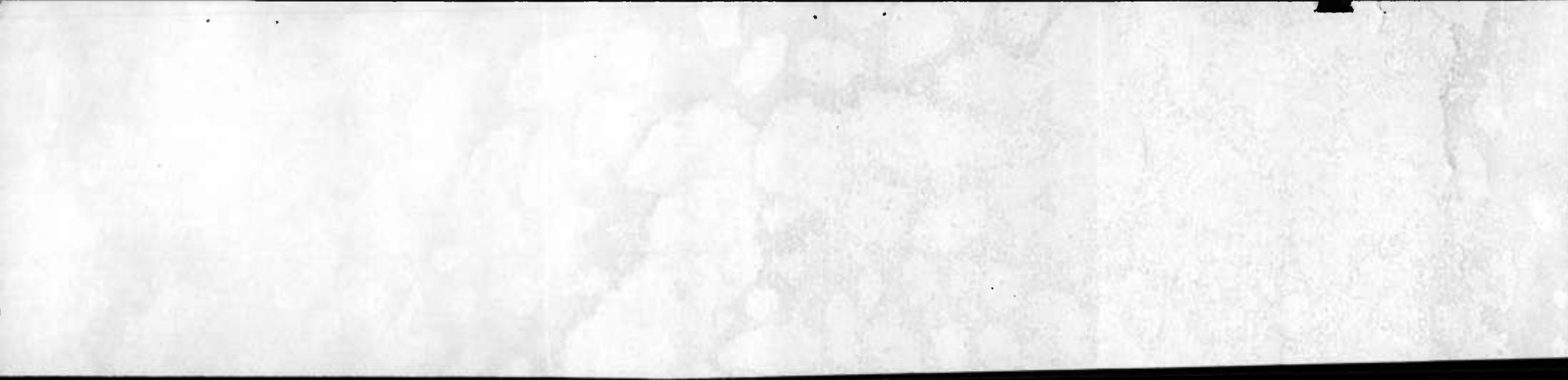
Address

W. L. Karsner M D

Chesapeake City -

Syncopa

Accident, Suicide, Homicide



Name  
in  
Full

Elija A Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Blythedale</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>11</i>	Age <i>89</i>	Months <i>9</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Co</i>			
Married, Single or Widowed <i>Widow</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>John Campbell</i>					
Father's Name <i>Thomas Boyd</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Charles Campbell</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart failure</i>	How long <i>2 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. E. Clum</i>
	Address <i>212 S. 1st St.</i>
As signed or sealed	





Name In Full

Certificate of Death

Queen Cavenaugh  
 Died at <sup>Town</sup> Near Rising Sun <sup>County</sup> Cecil <sup>6th Dist.</sup> MARYLAND

Date 1902 <sup>Month</sup> 12 <sup>Day</sup> 10 <sup>Y.</sup> Age 37 <sup>M.</sup> - <sup>D.</sup> - <sup>Native of</sup> Maryland <sup>Occupation</sup> Laborer  
 Male <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~  
~~Female~~ ~~Colored~~ <sup>Single</sup> <sup>Widower</sup> <sup>Number of children living</sup>

Husband of <sup>Wife</sup> Single  
 Father's Name <sup>Mother's</sup> Martin Cavenaugh <sup>Maiden Name</sup> Margaret

Cause of Death { <sup>Primary</sup> Bright's Disease <sup>How long sick</sup> 6 months  
<sup>Immediate</sup> Heart Insufficiency <sup>Accident, Suicide, Homicide</sup>

Reported by Geo S. Davis M.D.  
 Address Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Elizabeth Mitchell Cleaves

CERTIFICATE OF DEATH

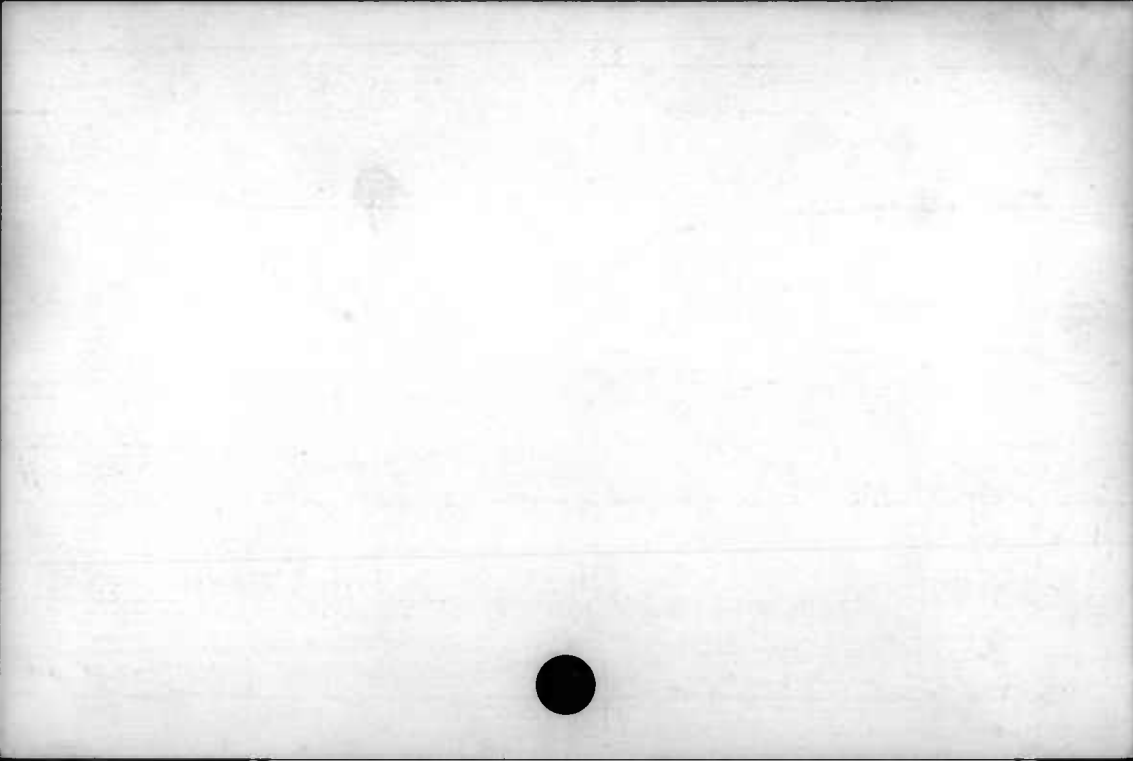
Died at		Elkton <sup>Town</sup>		Cecil <sup>County</sup>		MARYLAND	
Date of death 1902	Month Dec	Day 27	Age	Years	Months	Days	17
Sex female		Color or Race white		Birth-place		Elkton Md.	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Henry Cleaves				Father's Birthplace Cecil Co.			
Mother's Maiden Name Dora L. Winlock				Mother's Birthplace Penn			
Name of person giving information				How related to deceased Mother			

CAUSES OF DEATH

Primary	How long
Pneumonia	93
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	4 days
Yes	Signature of Physician H. Arthur Mitchell M.D.
	Address Elkton Md.
Accident or Suicide?	

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

211

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

12 17

Age

76 2 16

Md.

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living 1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Cancer Stomach

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70608



Name in Full

Certificate of Death

Robert J. Corney

Town

County

Died at

Rising Sun

Cecil 6th Dist

MARYLAND

Date

1902.

Month

Day

Y.

M.

D.

Native of

Occupation

Dec. 25

Age

82

-

-

Delaware

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON





Name  
in  
Full

William Thomas Darr

CERTIFICATE OF DEATH

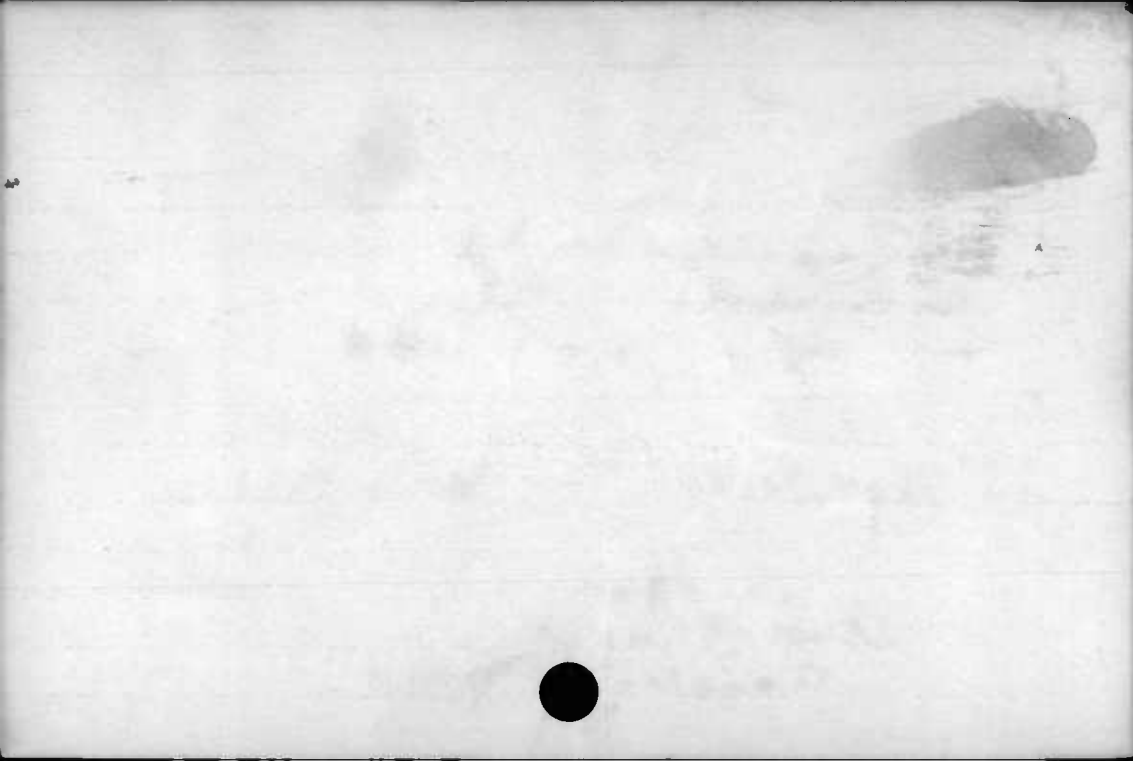
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Elkton</u> <sup>Town</sup>		<u>Cecil</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>2</u> <sup>Month</sup> <u>Dec</u> <sup>Day</sup> <u>29</u>		Age <u>6</u> <sup>Years</sup>		Months	Days
Sex <u>Male</u>		Color or Race <u>Col.</u>		Birth-place <u>Cecil Co.</u>	
Married, Single or Widowed <u>Single</u>		Occupation <u></u>			
Name of Wife or Husband <u></u>					
Father's Name <u>William Henry Darr</u>			Father's Birthplace <u>Cecil Co.</u>		
Mother's Maiden Name <u>Ida S. Potts</u>			Mother's Birthplace <u>Easton md.</u>		
Name of person giving information <u>Ida S. Darr</u> <sup>4</sup>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Rheumatism with Endocarditis</u>	How long <u></u>
Immediate <u>Heart failure</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm S Cawley M.D.</u>
<u></u>	Address <u>Elkton</u>
<u></u>	<u>md.</u>
Accident or Suicide? <u></u>	



Name In Full

Certificate of Death

Died at Mary Duff Neen Carrie MARYLAND

Date 1907 12 4 Y. 10 M. 5 D. md Native of md Occupation —

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

Accident, 1 day ~~Suicide~~ ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79800



Name  
in  
Full

George Ella Foster

CERTIFICATE OF DEATH

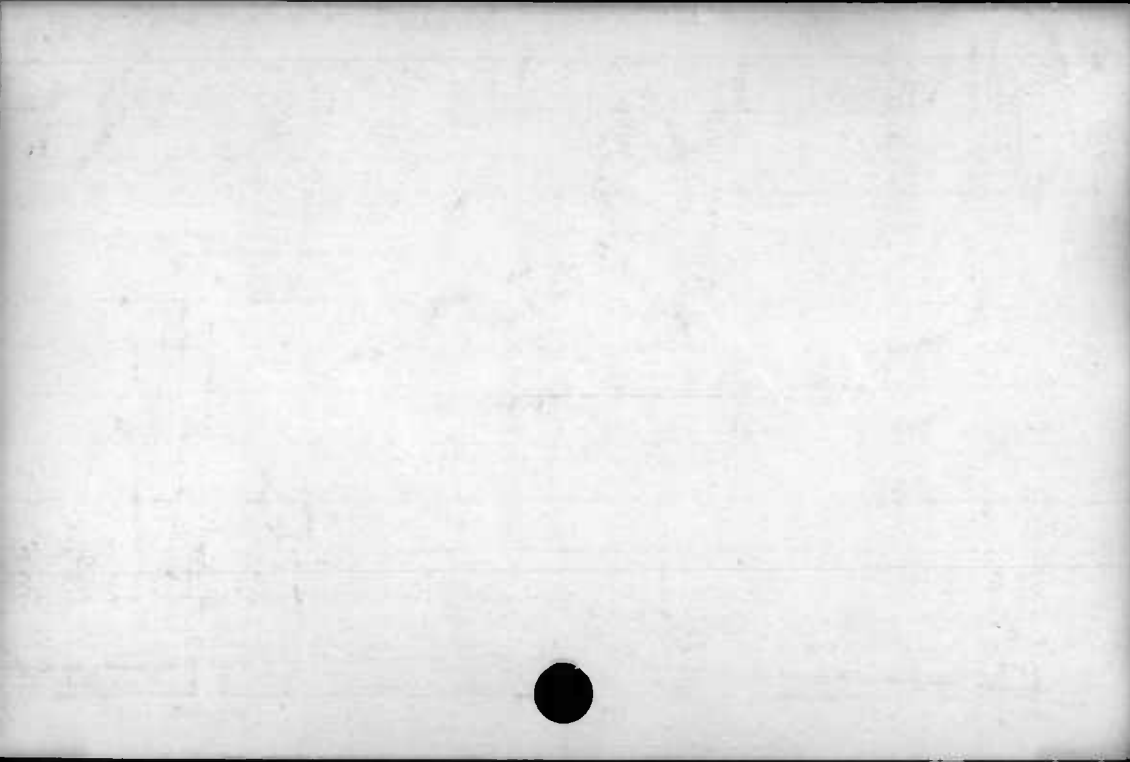
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Elktown</i>		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>19</i>	Years <i>39</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Leesville</i>		
Married, Single or Widowed <i>Single</i>		Occupation			
Name of Wife or Husband					
Father's Name <i>Lemuel Foster</i>			Father's Birthplace		
Mother's Maiden Name <i>Sarah E. Holdon</i>			Mother's Birthplace		
Name of person giving information <i>Father Lemuel Foster</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long <i>1 yr</i>
Immediate <i>Tuberculosis of lungs</i>	How long <i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Arthur Mitchell, M.D.</i>
	Address <i>Elkton Md.</i>
Accident or Suicide?	



### Certificate of Death

3<sup>rd</sup> dist

Town

County

MARYLAND

Month

Day

 $\gamma$ 

M.

D.

Native of

Occupation

□

Dec. 16

AcB

67. A Bible

Record-kept

## Homework

Male

White

Married

~~Winter~~

—Diverged

Female

Colored

~~Single~~

Widowed

Number of children living 3

husband

of

Wife

## Father's

Name \_\_\_\_\_

Moths

Maiden Name

### Cause of

Primary

immediate

## Death

How long sick

One Month -

### Accident, Suicide, Homicide

Reported by

Address \_\_\_\_\_

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898





Name in Full

Certificate of Death

Geo. Thomas Gray

Town

County

Died at

MARYLAND

Date 1902

Month

Day

~~Y~~ ~~M~~ ~~D~~

Native of

Occupation

Dec

3

Age

3 days

Cecil Co

~~Labrador~~

Male

White

~~Married~~~~Widower~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Thomas P Gray

Mother's

Maiden Name

Sara Elizabeth Graham

Cause of

Primary

Found dead in bed.

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Ernest Rowland  
Liberty Groove Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs Elizabeth Gregg

Died at *Rising Sun* *Cecil* *MARYLAND*

Date 1902 *12 6* Month Day Y. M. D. Age *69 1* Native of *Penna.* Occupation *Retired*

~~Male~~ *White* *Married* *Widow* ~~Divorced~~

*Female* ~~Colored~~ *Single* ~~Widower~~ Number of children living *One*

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of

Primary

Death

Immediate

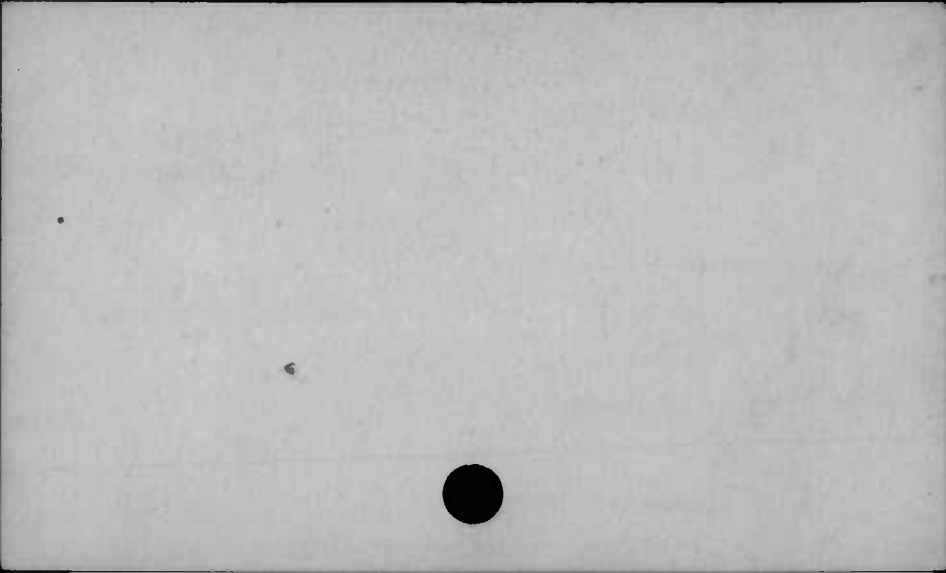
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76000



Israel Gunkel

Died at Harrods Town Oral County

MARYLAND

Date 1902 Month Dec Day 10 Age 63 9 4 Y. M. D. Native of Ind Occupation Merchant

Male White Married Widow Divorced Single Widower Number of children living 2

Husband of Sarah Gunkel

Father's Name George Gunkel Mother's Maiden Name Barbara Howser

Cause of Death { Primary Phthisis Pulmonalis Immediate Uremic Coma How long sick 3 years Accident, Suicide, Homicide

Reported by J. J. Wright M.D.Address Harrods Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Annie Haggerty

Town

County

MARYLAND

Died at

Near Earleville

Cecil

Month Day

Y. M. D.

Native of

Occupation

Date 19

02

12.1

Age

37.5

Md

Housewife

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

Peter Haggerty

Wife

Father's

Name

George Maynor

Mother's

Maiden Name

Cause of

Primary

Sa-Trippe

How long sick

10 days

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

Rm Black

Address

Cecilton

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Henry A. Hall

## CERTIFICATE OF DEATH

Died at

Town

Elkton

County

Beech

MARYLAND

Date

of death 1902

Month

Dec

Day

30<sup>th</sup> Feb

Years

Age 70

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

England

Married, Single  
or Widowed

Married

Occupation

Merchant

Name of Wife or  
Husband

Caroline Johnson

Father's  
Name

George Hall

Father's  
BirthplaceMother's  
Maiden Name

Elizabeth Hall

Mother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Valv. Disease of Heart -

How long

Seven years

Immediate

Edema Lungs -

How long

half hour

Are the name, age, sex, color, date  
and place correctly given above?

Yes -

Signature of  
Physician

Howard Bratton

Address

Elkton Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name In Full

Certificate of Death

Joseph A. Hemphill

Town

County

Died at Chesapeake City Cecil

MARYLAND

Date 1902 12 23 Age 41 9 6 Male White Married Widower Divorced Engineer  
 Female Colored Single Number of children living 2

Husband of Clara Hemphill

Father's Name James Hemphill Mother's Name Harriett Black

Cause of Death { Primary X Immediate Heart disease  
 How long sick 79 8 months  
 Accident, Suicide, Homicide

Reported by Wm E. Karsner M.D.

Address Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDJ Frank Handman  
Died at <sup>Town</sup> Liberty Grove

County Cecil 7th Dist.

MARYLAND

Date of death 1902 <sup>Month</sup> Dec <sup>Day</sup> 25 Age <sup>Years</sup> 53 <sup>Months</sup> 9 <sup>Days</sup> 8

Sex male Color or Race white Birth-place Cecil Co

Married ~~Single~~ or ~~Widowed~~ married Occupation Farmer

Name of Wife or Husband Deborah B Handman

Father's Name Robert N Handman

Father's Birthplace Cecil Co

Mother's Maiden Name Rachel Swisher

Mother's Birthplace Cecil Co

Name of person giving Information D B Handman (wife)

How related to deceased wife

## CAUSES OF DEATH

QV

PHYSICIAN  
OR CORONER

Primary Acute Catarrhal Pneumonia How long 19 days

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yrs

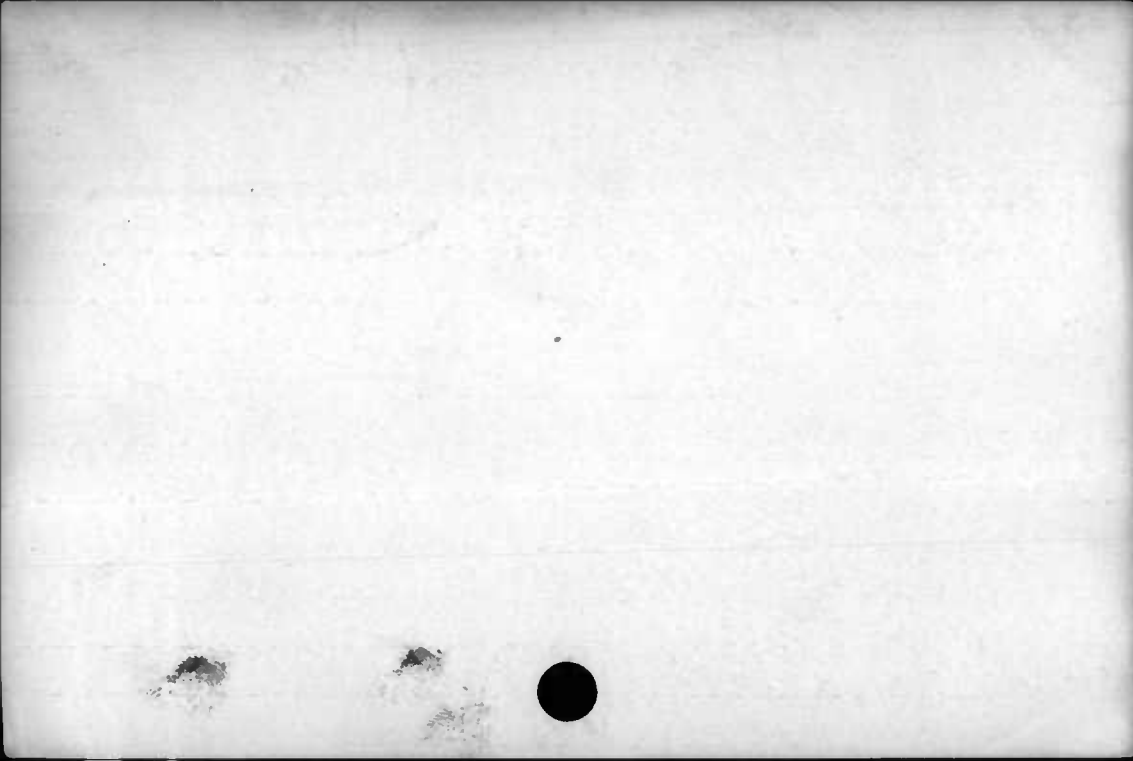
Signature of Physician

Address

Ernest Rowland

Liberty Grove  
Md

Accident or Suicide?



Name  
in  
Full

*E. Ray Henry*

CERTIFICATE OF DEATH

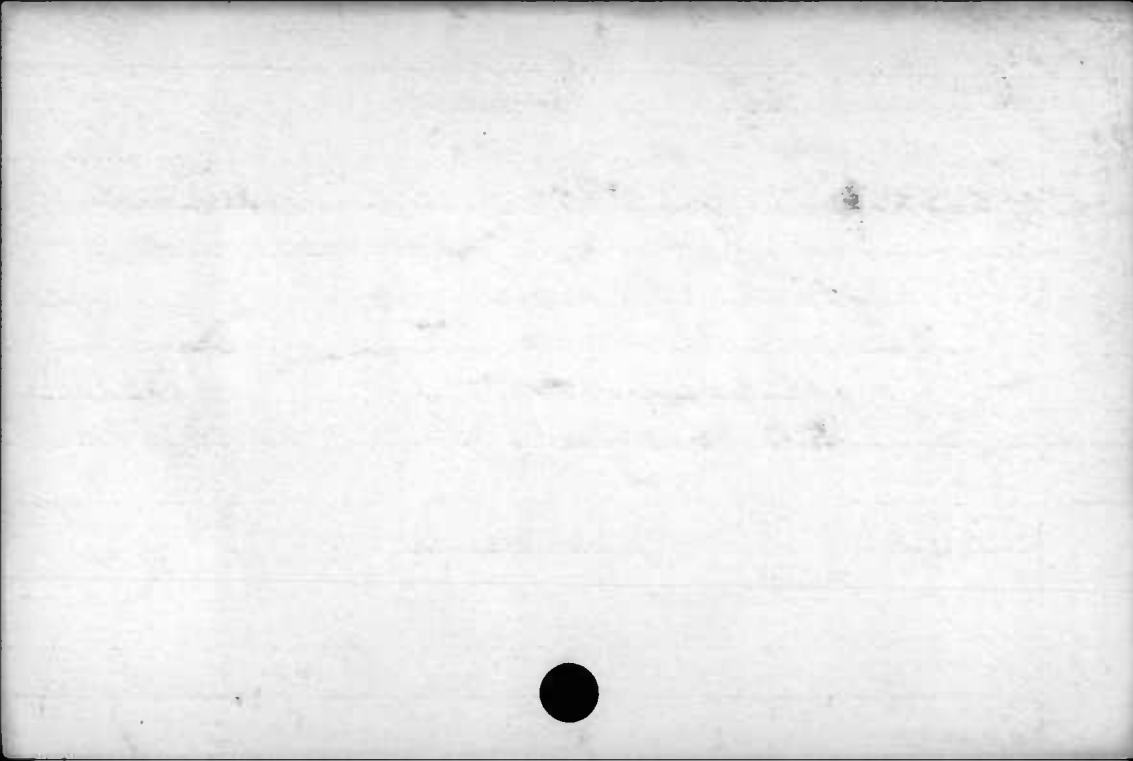
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elkton</i> Town <i>Cecil</i> County,		MARYLAND	
Date of death 190 <i>2</i> Month <i>Dec</i> Day <i>5</i> Age _____ Years _____ Months _____ Days _____			
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place _____	
Married, Single or Widowed <i>Single</i>	Occupation <i>Brace man on P. &amp; B. R.R.</i>		
Name of Wife or Husband _____			
Father's Name <i>W. S. Henry</i>	Father's Birthplace <i>Mo.</i>		
Mother's Maiden Name _____	Mother's Birthplace _____		
Name of person giving information _____		How related to deceased _____	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Killed by Cars.</i>	How long _____
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm D. Cawley M.D.</i>
_____	Address <i>Elkton Md.</i>
Accident <input checked="" type="checkbox"/> Suicide? <i>Accident</i>	





Name In Full

Certificate of Death

William L. Humphreys

Town Rock Spring County Cecil 7th Dist MARYLAND

Died at Date 1912 Dec 12 Age 49 Y. M. D. Native of Dist Occupation Laborer

Male White Married Widowed Divorced Female Colored Single Widower Number of children living 6

Husband of Mary Ann Humphreys

Wife Name Scott Know Mother's Name Scott Know Maiden Name

Cause of Death Primary Acute Phthisis Immediate Exhumeration & How long sick 2 months Accident, Suicide, Homicide

Reported by J. E. Chambers

Address Rock Spring Dist

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *William Thos. Johnson*  
 Town *Greenhurst* County *Carroll* *9th Dist* MARYLAND  
 Date 19*02* Month *12* Day *11* Age *53* Y. M. D. Native of *ME* Occupation *Farmer*  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living *8*

Husband of *Rachel Kirk Johnson*  
 Wife  
 Father's Name *Enoch Johnson* Mother's Maiden Name

Cause of Death { Primary *Pneumonia* *93* How long sick *15 days*  
 Immediate *Heart failure* Accident, Suicide, Homicide

Reported by *W. H. Richardson M.D.*  
 Address *Colverh - ME*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Lorch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Elston

County

Cecil

Date

of death 1902

Month

Dec

Day

10

Years

Age

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Elston

Married, Single  
or Widowed

Occupation

Name of Wife or  
Husband

Father's  
Name

Frank W. Lort

Father's  
Birthplace

Elston Md.

Mother's  
Maiden Name

Lena R. Henry

Mother's  
Birthplace

Cecil Co.

Name of person giving  
In formation

Frank W. Lort

How related  
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

Still Born

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

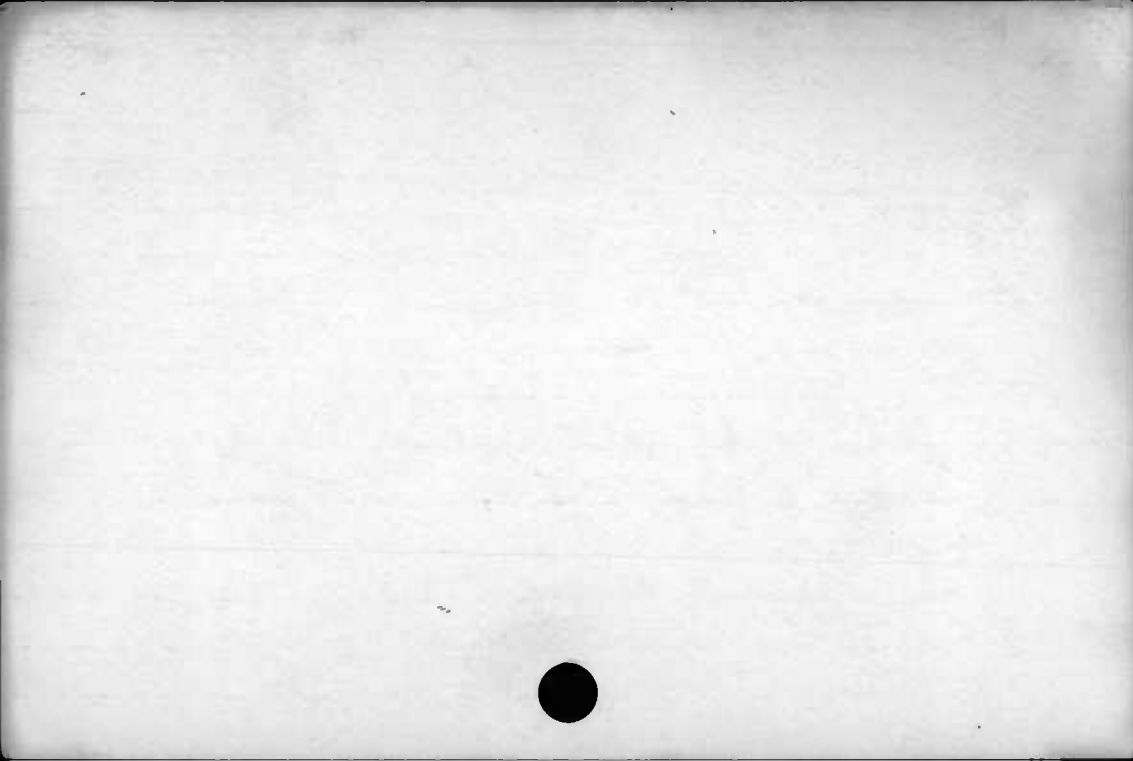
Signature of  
Physician

Address

Wm. S. Cawley M.D.  
Elston  
Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



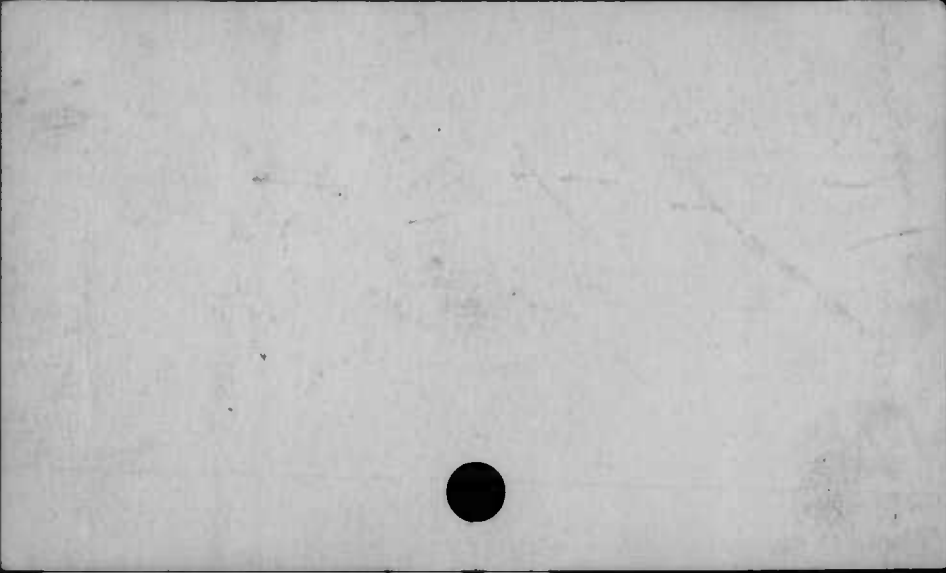
*Mary Eliza McAllister*  
 Town *Blake* County *Beckie* (4<sup>th</sup> Dis) MARYLAND

Died at  
 Date 19 *02* Month *12* Day *31* Age *74*  
 Y. M. D. Native of *Ind* Occupation  
~~Male~~ White ~~Married~~ Widow ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living *3*

Husband of *John A. McAllister*  
 Wife  
 Father's Name *Henry Ewing* Mother's Maiden Name *Mary Irwin*  
 Cause of Death { Primary *154* How long sick *7 days*  
 Immediate *General Debility* Accident, Suicide, Homicide

Reported by *W. H. Richardson*  
 Address *Colver, Conn*

Must be signed by physician, if any in attendance, other wise by coroner, undertaker or minister.





*Anna Lillie McCommons*  
 Town *Blake* County *Cecil* MARYLAND  
 Died at  
 Date 19 *22* *12* *11* Month Day Y. M. D. Age *32* *3* *6* Native of *Md* Occupation  
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *1*

Husband of *Sarah McCommons*  
 Wife  
 Father's Name *John McBlister* Mother's Maiden Name *Mary E. Ewing*  
 Cause of Death { Primary *Phthisis Pulmonalis* How long sick *One year.*  
 Immediate *" "* *27* ~~Accident, Suicide, Homicide~~

Reported by *Chas. F. Miller, M.D.*

Address *Firm Cecil, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Louie Neff

Town

Middlenick

County

Cecil

MARYLAND

Died at

Date 1892

Month

Day

Y.

M.

D.

Native of

Occupation

Dec 21

Age 22 6 0

Md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's  
Name

Henry Neff

Mother's  
Name

Ada Clayton

Cause of

Primary

Phthis Pulmonalis

How long sick

2 years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J J Knight

Address

Harwick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name  
in  
Full

Margaret R Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Calvert</u> Town		<u>Calvert</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>12</u>	Day <u>20</u>	Age <u>78</u> Years	Months <u>3</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>M.D.</u>		
Married, Single or Widowed <u>Widowed</u>			Occupation <u>Housewife</u>		
Name of Wife or Husband <u>Margaret Richardson</u>					
Father's Name <u>79</u>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>L. H. Richardson, M.D.</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Valvular disease of heart</u>	How long <u>About 4 years</u>
Immediate <u>Heart Failure</u>	How long <u>immediate</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>L. H. Richardson</u>
<u>Yes</u>	Address <u>Calvert - D.C.</u>
Accident or Suicide?	



Name  
in  
Full


## CERTIFICATE OF DEATH

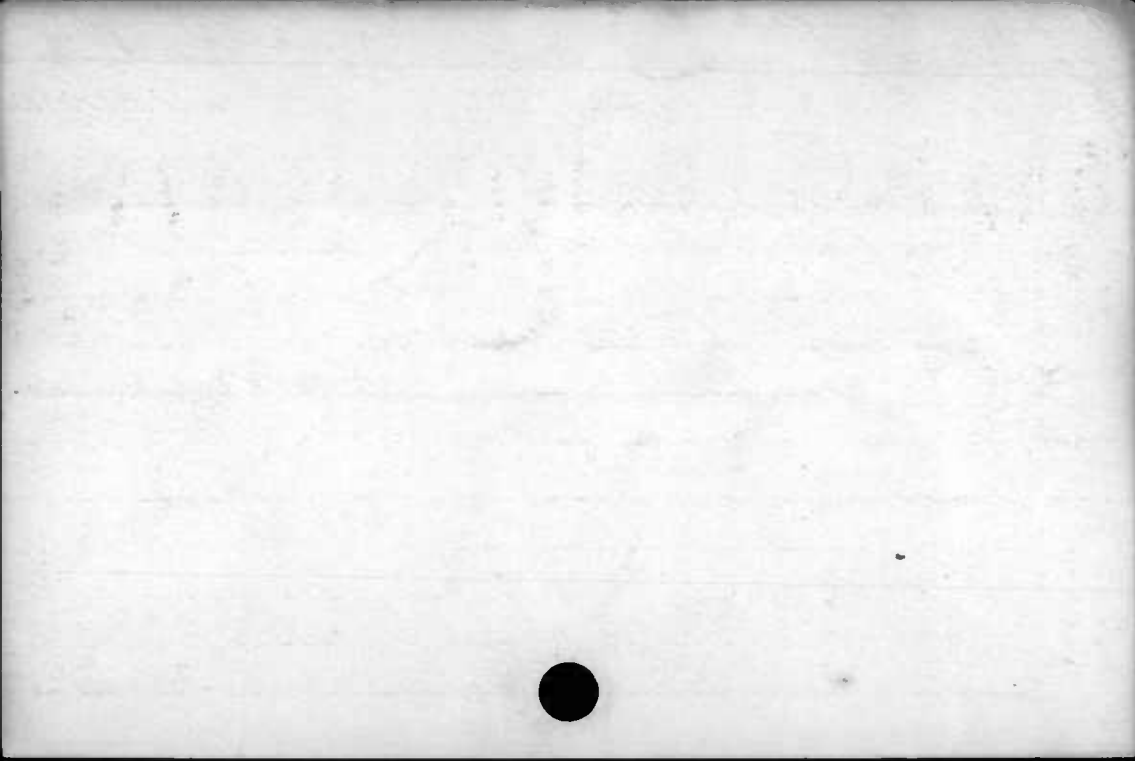
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>George Ricketts</i>		Town <i>near Elkton md.</i>		County <i>Cecil</i>		MARYLAND	
Died at		Date of death 190 <i>2</i>		Month <i>December</i>		Day <i>4<sup>th</sup></i>	
Sex <i>Male</i>		Color or Race <i>American (white)</i>		Age <i>83</i>		Years <i>1</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>		Birthplace <i>Newark Del.</i>		Days <i>—</i>	
Name of Wife or Husband <i>Louisa Jane Walmsley</i>		Father's Name <i>Thomas Ricketts</i>		Father's Birthplace <i>Kent Co. Del.</i>		Mother's Birthplace <i>Cecil Co. Md.</i>	
Mother's Maiden Name <i>Jane Davidson</i>		Name of person giving Information <i>Thomas H. Ricketts</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Appendicitis</i>	How long <i>118</i>	How long <i>10 days</i>
Immediate <i>Heart Failure</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Howard Bratton</i>	
	Address 	
Accident or Suicide? <i>1</i>		





Name in Full

Certificate of Death

Mrs. Mary J St-Clair  
 Died at Port Deposit, Cecil Co., 7th Dist. MARYLAND  
 Date 1902 Dec. 11 Month Day Y. M. D. Age 55-10-20 Native of Port Deposit, Housewife  
~~Male~~ White ~~Married~~ Widow ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widower~~ Number of children living four

Husband of wife Joseph St-Clair  
 Father's Name William Column Mother's Name Mary Column

Cause of Death { Primary Hemiplegia How long sick 3 months  
 Immediate Heart Exhaustion ~~Accident, Suicide, Homicide~~

Reported by J. E. Clummett  
 Address Port Deposit

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

James Warner

Town

County

Died at

St Augustine

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

12

4

Age

79

Md

Blacksmith

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

18 months

Death

Immediate

Stroke of Paralysis

Accident, Suicide, Homicide

Reported by

Wm B Coleman

Address

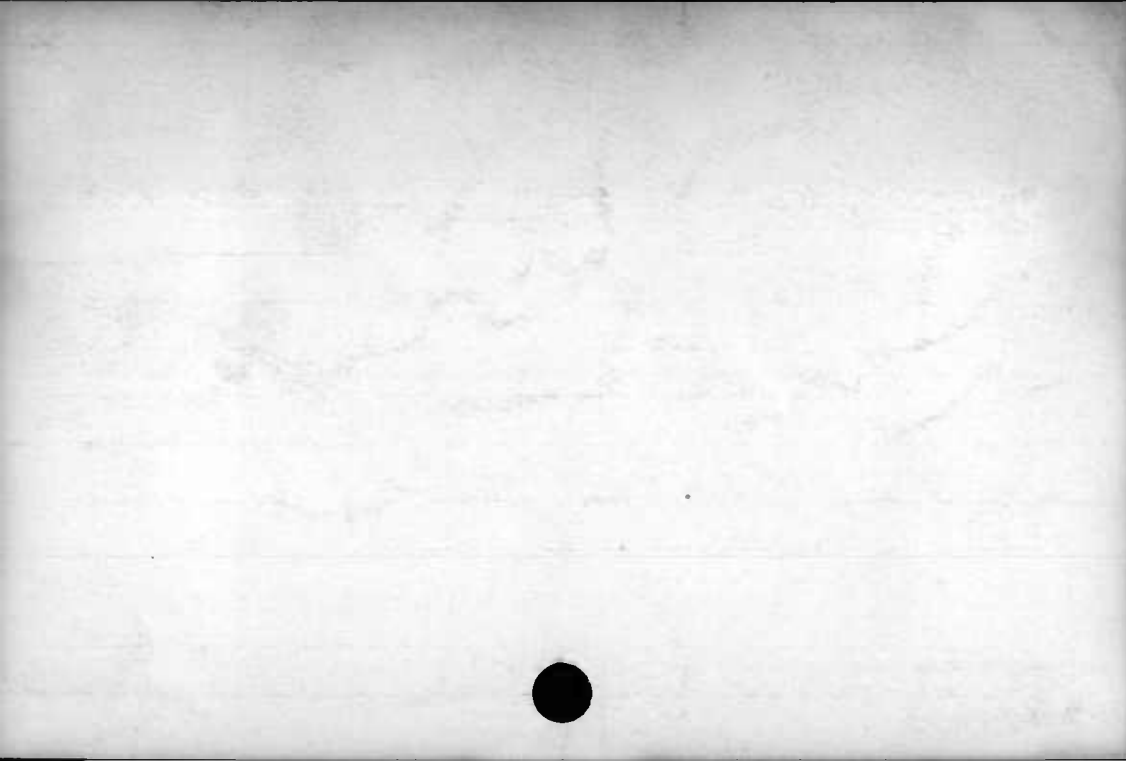
Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full <b>Lemuel Whitteman</b>		CERTIFICATE OF DEATH	
Died <sup>near</sup> <b>Elkton</b> <sup>Town</sup>		County	
Date of death 190 <b>2</b>		Month <b>12</b>	Day <b>4</b>
Age <b>82</b>		Months	Days
Sex <b>male</b>	Color or Race <b>White</b>	Birth-place <b>Del</b>	
Married, Single or Widowed <b>Widowers</b>		Occupation	
Name of Wife or Husband <b>Helen Covington</b>			
Father's Name <b>Henry Whitteman</b>		Father's Birthplace <b>Del</b>	
Mother's Maiden Name <b>Adrian Gibson</b>		Mother's Birthplace <b>Y</b>	
Name of person giving information <b>Mrs Ballance</b>		How related to deceased <b>Grand child</b>	

CAUSES OF DEATH			
Primary	<b>Old age.</b>	How long	<b>154</b>
Immediate	<b>Erysipelas of face</b>	How long	<b>6 days.</b>
Are the name, age, sex, color date and place correctly given above?		Signature of Physician	
<b>yes</b>		<b>H. Arthur Mitchell M.D.</b>	
		Address <b>Elkton Del.</b>	
Ac			



Name in Full

Certificate of Death

Cynthia Williams															
Town			County												
Died at Port Deposit			Cecil												
MARYLAND															
Date 1902		Month		Day		Y.		M.		D.		Native of		Occupation	
1902		Dec		7		52		3		8		Port Deposit		Housewife	
Date 189		Male		White		Married		Widow		Divorced		Number of children living			
Female		Colored		Single		Widower		Six							
Husband of Thompson F. Williams															
Wife of															
Father's Name David Cocher										Mother's Name		Charlotte Cocher			
Cause of Primary Brights Disease										How long sick		9 weeks			
Death Immediate Heart irritation										Accident, Suicide, Homicide		120			
Reported by H. E. Cummings															
Address Port Deposit										Maryland					

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.





Name in Full

Certificate of Death

Dennis Cawley Wilson

Died at <sup>Town</sup> North East <sup>County</sup> Cecil MARYLAND

Date 1902 12-10 Age 1 6 Native of Cecil Occupation ~~\_\_\_\_\_~~

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living none

Husband of ~~\_\_\_\_\_~~

Wife ~~\_\_\_\_\_~~

Father's Name B. A. Wilson Mother's Maiden Name Mabelle E. Cawley

Cause of Death { Primary ~~Scarlet fever~~ Immediate congestion of brain

How long sick \_\_\_\_\_

Accident, Suicide, Homicide \_\_\_\_\_

Reported by The A. H. Orville

Address North East Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*William Cooper Woods*

Town

County

Died at *Ches. City**Cecil*

MARYLAND

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
02	12	12	1	3			md	
Male	White	Married					Widow	Divorced
Female	Colored	Single					Widower	Number of children living

Husband  
of

Wife

Father's Name *Alonso Woods*

Mother's  
Maiden Name *Elsie Roberts*

Cause of	Primary	How long sick
Death	<i>Burn</i> <i>Schock</i>	<i>167</i>
		Accident, Suicide, Homicide

Reported by

*Dr. J. L. Wallace*

Address

*Over*

*Ches. City*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

*md*

The child pulled a lamp over,  
and was so severely burned  
that it died after 10 or 12 hours.

J. J. Wallace M.D.

### Certificate of Death

MARYLAND

Husband of	Anderson		
Wife			
Father's Name	Homer Worrell		Mother's Maiden Name
Cause of	Primary	Pneumonia	How long sick
	Immediate		one week
Death	Immediate		Accident, Suicide, Homicide

Address H. 450

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Unknown Body				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town North East	County Cecil	MARYLAND		
		Date of death 190		Month Dec	Day 22	Years Age 35 to 40?	Months	Days
		Sex male		Color or Race white		Birth- place		
		Married, Single or Widowed				Occupation		
		Name of Wife or Husband						
		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
		Name of person giving in formation				How related to deceased		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary Unknown, found dead in				How long		
		Immediate Small Creek near North East				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Wm. D. Cawley M.D.		
						Address Electron Md.		
		Accident or Suicide?						

